

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **9/171740**

FILING DATE

APPLICANT(S)

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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